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A/Reissue

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PTO/SB/50 (02-01)

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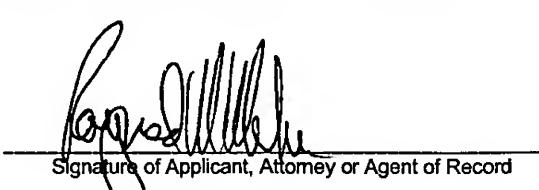
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J1031 U.S. PTO
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REISSUE PATENT APPLICATION TRANSMITTAL			
<p>Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231</p>	<p>Attorney Docket No. 98-126US-RE-1/187P151 First Named Inventor Alan S. Walse Original Patent Number 6,015,299 Original Patent Issue Date (Month/Day/Year) 01/18/00 Express Mail Label No. EL613564007 US JC7104 351923 PRO</p>		
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable box)</i>			
APPLICATION ELEMENTS (37 CFR 1.173)			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i></p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i></p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
ACCOMPANYING APPLICATION PARTS			
<p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>17. <input checked="" type="checkbox"/> Other: Certificate of Express Mail..... </p>			
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NAME <small>(Print/Type)</small>	Raymond M. Mehler	Registration No. (Attorney/Agent)	26,306
Signature	Raymond M. Mehler	Date	January 17, 2002

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 98-126US-RE-1/187 P 151			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	OR	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 49	**** 26 =	x \$ _____ =		x \$ 18 =	468	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 8	* 4 =	x \$ _____ =		x \$ 84 =	336	
Basic Fee (37 CFR 1.16(h))					\$ 740	\$ 804		
Total Filing Fee					\$ 1544	\$		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	OR	Rate
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	\$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1039</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1544.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
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Raymond M. Mehler Typed or printed name								
<p><u>January 17, 2002</u> Date</p>								

PATENT
Docket No. 98-126 US-RE-1
Case 187 P 151

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Francisca M. A. Hubbard

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